MARIAN FRANCISCAN CENTER 9632 WEST APPLETON AVENUE

9632 WEST APPLETON AVENUE					
MILWAUKEE 53225 Phone:	(414) 461-8850		Ownership:	No	nprofit Church
Operated from 1/1 To 12/31 Days	of Operation:	365	Highest Level License:	Sk	illed
Operate in Conjunction with Hospita	1?	Yes	Operate in Conjunction with CBRF?	No	1
Number of Beds Set Up and Staffed	(12/31/02):	252	Title 18 (Medicare) Certified?	Ye	S
Total Licensed Bed Capacity (12/31/	02):	276	Title 19 (Medicaid) Certified?	Ye	S
Number of Residents on 12/31/02:		235	Average Daily Census:	24	1
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Services Provided to Non-Residents	Age, Sex	, and Primary	Diagnosis of Residents (12/31/02)		Length of Stay (12/31/02)
Home Health Care Supp. Home Care-Personal Care	-	Diagnosis	% Age Groups 	% 	Less Than 1 Year 1 - 4 Years

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	%	Age Groups	응	Less Than 1 Year 1 - 4 Years	33.6 38.3
Supp. Home Care-Household Services	No	Developmental Disabilities	3.0	Under 65	23.8	More Than 4 Years	28.1
Day Services	No	Mental Illness (Org./Psy)	26.8	65 - 74	17.4		
Respite Care	Yes	Mental Illness (Other)	6.0	75 - 84	29.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.4	85 - 94	24.7	* * * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.8	95 & Over	4.7	Full-Time Equivale	ent
Congregate Meals	No	Cancer	1.7			Nursing Staff per 100 H	Residents
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	13.6	65 & Over	76.2		
Transportation	No	Cerebrovascular	15.3			RNs	13.0
Referral Service	No	Diabetes	6.4	Sex	%	LPNs	8.2
Other Services		Respiratory	7.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	14.0	Male	35.7	Aides, & Orderlies	29.9
Mentally Ill	No			Female	64.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			Family Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	24	14.1	138	0	0.0	0	1	5.3	196	1	8.3	138	0	0.0	0	26	11.1
Skilled Care	18	100.0	264	131	77.1	118	0	0.0	0	17	89.5	173	11	91.7	118	16	100.0	210	193	82.1
Intermediate				9	5.3	97	0	0.0	0	1	5.3	173	0	0.0	0	0	0.0	0	10	4.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	6	3.5	375	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	2.6
Total	18	100.0		170	100.0		0	0.0		19	100.0		12	100.0		16	100.0		235	100.0

MARIAN FRANCISCAN CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 1	12/31/02
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.2	Bathing	4.7		49.4	46.0	235
Other Nursing Homes	1.7	Dressing	12.3		46.8	40.9	235
Acute Care Hospitals	84.0	Transferring	28.1		37.9	34.0	235
Psych. HospMR/DD Facilities	0.6		23.0		39.6	37.4	235
Rehabilitation Hospitals	0.3		41.3		32.3	26.4	235
Other Locations	2.0	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	344	Continence		8	Special Treatmen	its	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	13.2	Receiving Resp	iratory Care	8.1
Private Home/No Home Health	23.9	Occ/Freq. Incontinen	t of Bladder	54.5	Receiving Trac	heostomy Care	4.7
Private Home/With Home Health	13.5	Occ/Freq. Incontinen	t of Bowel	44.7	Receiving Suct	ioning	5.1
Other Nursing Homes	2.9				Receiving Osto	my Care	1.3
Acute Care Hospitals	15.8	Mobility			Receiving Tube	Feeding	14.0
Psych. HospMR/DD Facilities	0.6	Physically Restraine	d	0.9	Receiving Mech	anically Altered Die	ets 44.3
Rehabilitation Hospitals	1.4						
Other Locations	9.8	Skin Care			Other Resident C	haracteristics	
Deaths	32.2	With Pressure Sores		8.1	Have Advance D	irectives	85.5
Total Number of Discharges		With Rashes		3.4	Medications		
(Including Deaths)	348				Receiving Psyc	hoactive Drugs	59.1
(Including Deaths)	348				Receiving Psyc	hoactive Drugs	59.1

	This		Other Hospital-		All
	Facility		Based Facilities		ilties
	용	%	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.9	87.4	0.99	85.1	1.02
Current Residents from In-County	94.9	84.3	1.13	76.6	1.24
Admissions from In-County, Still Residing	22.1	15.2	1.46	20.3	1.09
Admissions/Average Daily Census	142.7	213.3	0.67	133.4	1.07
Discharges/Average Daily Census	144.4	214.2	0.67	135.3	1.07
Discharges To Private Residence/Average Daily Census	53.9	112.9	0.48	56.6	0.95
Residents Receiving Skilled Care	93.2	91.1	1.02	86.3	1.08
Residents Aged 65 and Older	76.2	91.8	0.83	87.7	0.87
Title 19 (Medicaid) Funded Residents	72.3	65.1	1.11	67.5	1.07
Private Pay Funded Residents	8.1	22.6	0.36	21.0	0.38
Developmentally Disabled Residents	3.0	1.5	2.05	7.1	0.42
Mentally Ill Residents	32.8	31.3	1.05	33.3	0.98
General Medical Service Residents	14.0	21.8	0.64	20.5	0.69
<pre>Impaired ADL (Mean) *</pre>	57.6	48.9	1.18	49.3	1.17
Psychological Problems	59.1	51.6	1.15	54.0	1.10
Nursing Care Required (Mean)*	11.1	7.4	1.50	7.2	1.54